

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: NAME: ELISHBA ITURRA FIRM NAME: STREET ADDRESS: 1410 Ewing St. CITY: LOS ANGELES STATE: CA ZIP CODE: 90026 TELEPHONE NO.: 323-522-3607 FAX NO.: E-MAIL ADDRESS: REAL@PLAYPLAYPLAY.ORG ATTORNEY FOR (Name): in pro per	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: STANLEY MOSK COURTHOUSE MAILING ADDRESS: 111 N HILL ST CITY AND ZIP CODE: LOS ANGELES 90012 BRANCH NAME: CENTRAL	
Plaintiff/Petitioner: CHENEY SHAPIRO, LONGPLATT CO. Defendant/Respondent: PATRICK MURRAY, ET AL.	
REQUEST FOR DISMISSAL	
CASE NUMBER: 20STUD02828	
A conformed copy will not be returned by the clerk unless a method of return is provided with the document.	
This form may not be used for dismissal of a derivative action or a class action or of any party or cause of action in a class action. (Cal. Rules of Court, rules 3.760 and 3.770.)	

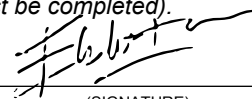
1. TO THE CLERK: Please **dismiss** this action as follows:
- a. (1) ☒ With prejudice (2) ☐ Without prejudice
- b. (1) ☐ Complaint (2) ☐ Petition
- (3) ☐ Cross-complaint filed by (name): on (date):
- (4) ☐ Cross-complaint filed by (name): on (date):
- (5) ☐ Entire action of all parties and all causes of action
- (6) ☒ Other (specify):* **ONLY Debbie Murray Defendant**
2. (Complete in all cases except family law cases.)
- The court ☐ did ☒ did not waive court fees and costs for a party in this case. (This information may be obtained from the clerk. If court fees and costs were waived, the declaration on the back of this form must be completed).

Date: 22 MAY 2021

ELISHBA ITURRA

(TYPE OR PRINT NAME OF ☐ ATTORNEY ☒ PARTY WITHOUT ATTORNEY)

*If dismissal requested is of specified parties only of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.



(SIGNATURE)

Attorney or party without attorney for:

☐ Plaintiff/Petitioner ☒ Defendant/Respondent
☐ Cross Complainant

3. TO THE CLERK: Consent to the above dismissal is hereby given.**

Date:

(TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

** If a cross-complaint – or Response (Family Law) seeking affirmative relief – is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581 (i) or (j).

(SIGNATURE)

Attorney or party without attorney for:

☐ Plaintiff/Petitioner ☐ Defendant/Respondent
☐ Cross Complainant

(To be completed by clerk)

4. ☐ Dismissal entered as requested on (date):
5. ☐ Dismissal entered on (date): as to only (name):
6. ☐ Dismissal **not entered** as requested for the following reasons (specify):

7. a. ☐ Attorney or party without attorney notified on (date):
- b. ☐ Attorney or party without attorney not notified. Filing party failed to provide
☐ a copy to be conformed ☐ means to return conformed copy

Date:

Clerk, by _____, Deputy

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Plaintiff/Petitioner: CHENEY SHAPIRO, LONGPLATT CO. Defendant/Respondent: PATRICK MURRAY, DEBBIE MURRAY, ET AL	CASE NUMBER: 20STUD02828
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COURT'S RECOVERY OF WAIVED COURT FEES AND COSTS

If a party whose court fees and costs were initially waived has recovered or will recover \$10,000 or more in value by way of settlement, compromise, arbitration award, mediation settlement, or other means, the court has a statutory lien on that recovery. The court may refuse to dismiss the case until the lien is satisfied. (Gov. Code, § 68637.)

Declaration Concerning Waived Court Fees

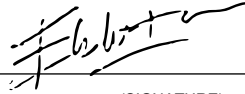
1. The court waived court fees and costs in this action for *(name)*: ELISHBA ITURRA; ERIK SEIDENGLANZ
2. The person named in item 1 is *(check one below)*:
 - a. ☒ not recovering anything of value by this action.
 - b. ☐ recovering less than \$10,000 in value by this action.
 - c. ☐ recovering \$10,000 or more in value by this action. *(If item 2c is checked, item 3 must be completed.)*
3. ☐ All court fees and court costs that were waived in this action have been paid to the court *(check one)*: Yes No

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: 22 MAY 2021

ELISHBA ITURRA

(TYPE OR PRINT NAME OF ☐ ATTORNEY ☒ PARTY MAKING DECLARATION)



(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: NAME: ELISHBA ITURRA, ERIK SEIDENGLANZ, in pro per FIRM NAME: STREET ADDRESS: 1410 EWING ST. CITY: LOS ANGELES STATE: CA ZIP CODE: 90026 TELEPHONE NO.: 415-685-3299 FAX NO.: E-MAIL ADDRESS: real@p[ayplayplay.org ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: STANLEY MOSK MAILING ADDRESS: 111 N. HILL ST. CITY AND ZIP CODE: LOS ANGELES, 90026 BRANCH NAME: CENTRAL	
PLAINTIFF/PETITIONER: CHENEY SHAPIRO LONGPLATT CO DEFENDANT/RESPONDENT: ELISHBA ITURRA; ERIK SEIDENGLANZ	CASE NUMBER: 20STUD02828 JUDICIAL OFFICER: HONORABLE JUDGE GEORGE BIRD
PROOF OF ELECTRONIC SERVICE	DEPARTMENT: 91

1. I am at least 18 years old.

a. My residence or business address is (specify):
 1410 EWING ST. LOS ANGELES, CA 90026

b. My electronic service address is (specify):
 real@playplayplay.org

2. I electronically served the following documents (exact titles):

1. REQUEST FOR DISMISSAL _ DEBBIE MURRAY
2. PROOF OF ELECTRONIC SERVICE

☐ The documents served are listed in an attachment. (Form POS-050(D)/EFS-050(D) may be used for this purpose.)

3. I electronically served the documents listed in 2 as follows:

a. Name of person served: Grace Jacqueline Peleaz #207067

On behalf of (name or names of parties represented, if person served is an attorney):
 Joshua Marcuson, officer of Longplatt Co.; Cheney Shapiro

b. Electronic service address of person served :
 simonianlaw@gmail.com

c. On (date): 22 may 2021

☒ The documents listed in item 2 were served electronically on the persons and in the manner described in an attachment.
 (Form POS-050(P)/EFS-050(P) may be used for this purpose.)

Date: 22 may 2021

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Elishba Iturra

(TYPE OR PRINT NAME OF DECLARANT)


 (SIGNATURE OF DECLARANT)